

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/331,805
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		①				
6		①				
7		2				
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9		①				
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12		①				
13		①				
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16		①				
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18	1					
19	1					
20			1			
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29				1		
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31				10		
32				10		
33			1			
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39					1	
40					1	
41					1	
42					1	
43					1	
44					1	
45					9	
46					9	
47					1	
48					1	
49						
50						
TOTAL IND.	3		3		3	
TOTAL DEP.	19		20		27	
TOTAL CLAIMS	22		33		30	

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.												
TOTAL CLAIMS												